

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005631

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** MARCO BEACH OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

480 S COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

480 S COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

**FEI Number:** 59-3474197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODWARD, MARK J  
3200 TAMIAMI TRAIL N  
STE 200  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: COPLIN, DUANE  
Address: 6540 MILLENNIUM DR (SUITE 180)  
City-St-Zip: LANSING, MI 48917

Title: DV ( ) Delete  
Name: WOODWARD, MARK J  
Address: 3200 TAMIAMI TRAIL N (#200)  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: PARISI, JOSEPH L  
Address: 8156 FIDDLER'S CREEK PKWY  
City-St-Zip: NAPLES, FL 34114

Title: SD ( ) Delete  
Name: SCHMITT, BURK  
Address: 1111 KEYSTONE AVENUE  
City-St-Zip: RIVER FOREST, IL 60305

Title: D ( ) Delete  
Name: DINARDO, ANTHONY  
Address: 8156 FIDDLER'S CREEK PKWY  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LIVIO PARISI, AS PRES NOT INDIVIDUA

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date